(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many to report airst line will be sufficient, e. g., Farmer or Planter, Foreman, Or For many occupations a especially in industrial employments, it is necesyrs), Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic Group"); spinal meningitis"); Diphilicria (avoid use of Group"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Ezhaustion," "Heart lauure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopieumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UREAU

1 9

	PLACE OF DEATH County SI Maza'	04861	STATE OF MARYLAND CERTIFICATE OF DEATH
	The state of the s	107-a	Registration Dist. No. 284
	Village or City Charlotte 14 (No. 2)		St.: Ward) (If death occurred in a hospit to or institution, give its NAME i.
ITICs	2 FULL NAME May Fucula	avey	stead of street and number.)
cen	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
uo su	DATE OF BIRTH FEB 18, 1931	afril 12	CERTIFY, That I attended the deceased from
erracio	(Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.	and that death occur The CAUSE OF DEAT	red on the date stated above, at
200	BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Bron	cho prenona
mportar	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration) yrs. mos ds.
a very	10 NAME OF FATHER CANOCL G. alvey	(Signed)	(Duration)
	OF FATHER (State or country) 12 MAIDEN NAME (STATE OF COUNTRY) (STATE OF COUNTRY) (STATE OF COUNTRY)	*State the Di	sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether
	of MOTHER Morgant y, Hoffman 13 BIRTHPLACE OF MOTHER (State or country) To holy Go: MI	ients or Recent Re At place of death yrs	In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contribution of at place of dear Former or usual residence	racted, h?
Target and the same and the sam	(Address) Chalotto Hall!	od feel	or removal Date of Burial A/15, 193.1
)	Filed 4 /14 1938 Leve Jackon Registrar	20 UNDERTAKER	Lunda Hughancel
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., I	Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (he or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, tion applies to each and every person, irrespective of whatever, write None. Housemaid, et . If the occupation has been changed to report specifically the occupations of persons For many occupations a single word or term on yrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in (b) Automobile factory. The material Architect, Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease as fracture of skull, and consequences e.g., sepsis, teamus may be stated under the head of "contributory." accident; Revolver wound of head-homicide: Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc., "Dropsy;" "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably sucids. The n ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondary American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained Whooping cough; "Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need as the cause. Chronic valvular hearl etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

very important.

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T	8	, PHYSI.
	SECORD A	LEXACTLY rly classifie ficate.
4D	HIS IS A PERMANENT PECORD	lied ACE should be stated EXACTLY, PHYSI-s so that it may be properly classified. Exact structions on back of certificate.
OR BINDING	A PER	at it m
R BIL	IS IS	so th
0	I	- 00

			* *
1 PLACE	OF DEA	тн	1
County	AMa	ryh	
Village or City	Ma	mers	(No.
² FUI	L NAME.	X Jan	rel A
PERSO	NAL AND	STATISTIC	AL PARTICUL
3 SEX		or race 5	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the work
6 DATE OF BI	RTH		
		(Month)	(Day)
7 AGE			lif
) of yes	Jmo	1
OCCUPATION	ofession or		(44)

particular kind of work

(State or country 10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER

(Address)

(State or country) THE ABOVE IS TRUE TO THE BEST

9 BIRTHPLACE

ARENT

(b) General nature of industry business, or establishment in which employed or (employer)



ARS

rassus.

(Year LESS than day.....hrs.

..... min. ?

04862 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.

.. Ward)

(If denth occurred in a hospital or institu-tion, give its NAME in-stead of street and

a Lameron,

number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
	(Month) (Day) , 192 (Year)
	17 HEREBY CERTIFY, That I attended the deceased from
	(Mg) 192 , to More 17 , 192/
	that I last saw harm, alive on Mann, 1927.
	and that death occurred on the data stated above, at
	The CAUSE OF DEATH Was as follows:
3	Diabetes Mitature Bronchia
	Prenmonae mas contracted less
	7/43/.
	(Duration) yrsmosde
	Contributory Bronchial Preumong
	(Duration)gre. gmoe. de
	(Signed) Lason to d M.D.
	April 14 192 1. (Address) Lemoardloma
0	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suieldal or Homleidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
l	ients, er Recent Residents) At place in the
1	of deathyrsmosda. State,yrsmosda
	Where was disease contracted, if not at place of death?
	Former or usual residence.
-	19 PLACE OF BURIAL OR RENOVAL DATE OF BURIAL
	A reters Cares Church 4/15, 192
1	20 UNDERTAKER ADDRESS

Lobinison

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, specially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged laborer. Farm laborer, Laborer-Ceal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. whatever, write None. Statement of Occupation-Precise statement of oc etc., to know (a) the kind of work and also (b) the For many occupations a single word or term on 01: wrs.). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day in the dutics of the But in many The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," ary). 10 de. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); head of "contributory." train-uccident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violene deaths state means of injury "Puerperal septicaemia." "Puerperal peritonitis," "Uraemia;" "Weakness," etc., when a definite disease vulsions." W.hooping(name origin; "Cancer" is less definite; avoid quences ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Nomenclature of the American Medical Association.) cause (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart Accidental drowning; for which surgical operation was under-Never report mere symptoms or (Recommendations on state-"Anaemia" Struck by railway "Coma," Meastes; discuse; terminal (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVI

8. No. 1

PLACE OF DEATH
County of mony

04863 107-a

STATE OF MARYLAND CERTIFICATE OF DEATH

1	neglociation sing no. 2. 0.
2FULL NAME Mory Elig Dest	St.: Ward) (If death occurred in a hoap!! I or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fleude Blook Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That Nattended the deceased from
(Month) (Day) (Year	that I last saw her alive on Opr. 81, 1981,
If LESS than I day hrs. ds. or min.?	THE CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos ds.
BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER JOSE Sh Miltune	(Signed) Vleegy M.D. Op. 3 1981 (Address) Vinge py
OF FA (HER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Posa O evert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ienta or Recent Residents) At place of death yrsmosds. State yrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Wilber Beworth	Former or usual residence
(Address) Hermausille fry	Shurbolar Ofr. 5. 1931
Filed 192 Q O Ruga	20 UNDERTAKER Resell Alernille

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise spermental will laborer, Farm laborer, Luhorer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (h) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (range) state occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness (f various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Eash Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same dise:se. Examples: *Cerebrospinal fener** (the only definite synonym is *Epidemic cerebrospinal meningitis*); Diphilderia avoid use of *Croup*); Typhoid fener** (never report *Typhoid Pneumonia, Branchopneumonia (*Pneumonia, Debar pneumonia, Branchopneumonia (*Pneumonia, Debar pneumonia, Debar pneumonia pneumonia pneumonia, Debar pneumonia pn

I with Jose with best so. 5.

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Agc," "Shock," stated unless important. Example: Measles (disease approved tetants) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicarmia," "PUERPERAL peritonibis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; usc of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature for malignant neoplasms); Measles; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a 1 qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

perminently filed.

W -ts	PLACE OF DEATH	04864 STATE OF MARYLAND
T' A	County Story	CERTIFICATE OF DEATH
F. €	DELETE SALVE SELLE	Registration Dist. No.
CORD EXACTI y classi	Village or City Me Lesser Piole	St.: Ward) (If death occurred in a hospital or Institution, give Its NAME instead of street and
ECC Hy o	2FULL NAME Mabel 13 Ea	ka ' stead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN de st	Jenney. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Ofric 7.4, 1931 (Month) (Day) (Year)
ER W t may on ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
n a win	(Month) (Day) (Year)	that I last saw her alive on a fine 23, 1920,
IS A Se than ruction	7 AGE [If LESS than	and that death occurred on the date stated above, at 5 Q m.
HIS Hed.	14 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
TH-TH nppl	a occupation (a) Trade, profession or	Broncks premouria
NK-NK-Iy su	articular kind of work Store 9 15	
	(b) General nature of industry business, or establishment in	(Duration) yrs. mos f ds.
DING caref H in	which employed or (employer)	Contributory Borly deselopes.
FADII be ca EATH Impo	(State or country) 13 acto /nd.	(Durgion)mosds,
UN UN Very	10 NAME OF FATHER 21 Elema Blake.	(Signed) M. D.
ITH sho se o	OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Wation	C (State or country) 12 MAIDEN NAME C (State or country)	Accidental, Suicidal or Homicidal.
	of MOTHER Wortha ever	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Information state	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
tem sho	(Informant) Coulen Brooks	Former or usual residence
WRI'	(Address) Machannelle	St Joseph County 4/25, 19 3
BE	15 Filed 4/24 1931 Lun Jachon	20 UN BERTAKER Orbor Mechanice
Tz	If more bianks are needed, address ttate Registral	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a dborer, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The materia As examples: (a) (6) Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CRUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> p approved by Committee on tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic valvular heart disease, etc. The Nomenclature contributory not be

answe. permanently filed. If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

	CE OF DEATH			04865 ©2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283
	FULL NAME	tics (No.	Brisco	w.	St.: Ward) (If death occurred a hospital or institution, give Its NAME is ateed of atreet as number.)
PERS	SONAL AND STATIS	TICAL PARTIC	ULARS	MEDIC	CAL CERTIFICATE OF DEATH
3 SEX Femalo	4 COLOR OR RAC	MARRIED, WIDOWED, OR DIVORCE (Write the wor	redouved,	16 DATE OF DEATH	(Month) 4 (Day) /7 (Year) 3
6 DATE OF	BIRTH De (Mont	b) (Day)	, 1840 (Year)	that I lest saw here	r CERTIFY, That I attanded the deceased fro
7 AGE	90 yrs. 4	mos. 1	If LESS than I day hrs.	and that death occur The CAUSE OF DEA	TH * was as follows:
particular (b) Genera business, o which emp	profession or kind of work	noul		Contributory Secondary	(Duration) yrs. mos. d
T 12 MAID	HPLACE ITHER e or country) MAN DEN NAME	s Brand	on	(Signed) 17 193	(Address) Chapter M. I. (Address) Chapter M. I. (Sease Causing Death, or, in deaths from the cate (1) Means of Injury and (2) Whether or Homicidal.
13 BIRTI	HPLACE DTHER e or Country)	g pro	V	18 LENGTH OF RE ients or Recent Re At place of deathyrs	ln the State yrs ds.
(Informa	ant) trank	Brise		Former or usual residence	h>

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); (secondary Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	グ	, PHYSI- ed. Exact
FOR BINDING	IS A PERITNENT ECORD	so that it may be properly classified
MARGIN RESERVED FOR BINDING	WRITE PI W WITH UNFADING INK-THIS IS A PERIMENT ECORD	bry Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-

	PLACE OF DEATH	04866 STATE OF MARYLAND
1	County ST Mary	CERTIFICATE OF DEATH
1	200	Registration Dist. No. 282
cate.	Village or City floras association - 2 FULL NAME George W France	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
rtif		number.
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male White Widowed With the word	16 DATE OF DEATH Month (Paul (Pau) (Paul (Pau (Pau (Paul (Paul (Paul (Paul (Paul (Paul (Paul (Paul (
lons on b	6 DATE OF BIRTH (Month) (Day) (Year)	that Last saw h Markelive on Market 1921 1921
instruct	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
See	(a) Trade, profession or particular kind of work	Oshung Sclesving
ry Important, See instruct	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Jyrs mos de
	9 BIRTHPLACE (State or country) II. many los hid	Contributory Secondary (Duration) Vie moe de
very	10 NAME OF FATHER JON H Srown	(Signed) I Treewyll M. D.
20	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
41000	OF MOTHER MANY CONC PRESSOR 13 BIRTHPLACE OF MOTHER (State or Country) Mary's bo hid.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
10 1116	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
Statoline	(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stopmen Cometacy Charlet 1981
	Filed 4 / 264 1923 Carales Registrar	20 UNDERTAKER OF Maffine (ley Lones down, 16 W. Saratoga St., Balto, Kequeting V. S. No. 1.
- 11	vi more crames and mediant additing reach Makistial	, to its surgeogn sei, saitos, requesting v. s. 1101 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on 'tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

04867

1. PLACE OF DEATH			100	201
County of Mary	· · · · · · · · · · · · · · · · · · ·		Registration Dist. No.	281
Village or City Lemoa	rollon	2	No	Ward
Longth of residence in city or town where d	eath occurred		f death occurred in a horpital or institution, give its NAME instead of street and s	
Can .	20	10.000		
2. FULL NAME Mary	gynice i	concy		5000
(a) Residence: No.	(Usual place	of ahode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED.	Of DATE OF DEATH	
formale black	OR DIVORCE	O (write the word)	2. DATE OF DEATH While 3	, 193
5a. If married, widowed, or divorced .			(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of	. 0	1154	22. HEREBY CERTIFY, That attends	ed deceased from
·······································	rano	ar	198 10 Legent	19.5/
6. DATE OF BIRTH (month, day, and year)	U/ G		I last saw h alive on lafe sit 7 , 195	; death is said
7. AGE Years Months	Days	If LESS than 1 day,	to have occurred on the date stated above, at /2-3-02m.	
25'		ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es fotiows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER,	housen	ili	pleurisy with tobas freus	morran
SAWYER, BOOKKEEPER, etc.				Mont
work wes done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked et this occupation (month end	11. Totel ti	me (yeers)		
year)		pation	Other Cantilator Court of Imparts	
12. BIRTHPLACE (city or town) Les	Qia		Other Contributory Causes of Importence:	
(State or country)	7			
13. NAME	nkuo	con		
13. NAME 14. BIRTHPLACE (city or town)	M		Name of operation Date of	
(State of country)			What test confirmed diagnosis? Was there a	
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	4		23. If death was due to externel causes (VIOLENCE) fill in also the follow	
6 16. BIRTHPLACE (city or town)	~1		Accident, suicide, or homicide? Dete of injury	, 19
∑ (State or country)	1)		Where dld injury occur?	
17. INFORMANT Cashesine (Address) Herma	Nosse	4-8101	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	6/01	1 81	Manner of Injury	
Place Jons Jois Mes	Coate Was	195/	Nature of injury	
19. UNDERTAKER Richard	homa	4	24. Was disease or injury in any way releted to occupation of deceased?	
(Address) Vally	Cec In	of	If so, specify	
20. FILEO ab L. 7,131 Ha	His	2 Holes	(Signed) Brown Q. U.	
ZU, FILEUSZI Z		Registrar.	(Address) Lemmas allow	n Ald

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arlerioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH (14868
1. PLACE OF DEATH	(8)
County At Manys	Registration Dist. No. 287
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Intent Duntan	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Open A 10,1931 7. AGE Years Months Days If LESS than	I last saw home street from Age 10, 1931; death is said to have occurred on the date stated above, at 380 P. m.
Atalogo I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Premature buth due to
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	falling down steps
10. Date deceased last worked at this occupation (month and year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) for he Hall (State or country)	Other Contributory Causes of Importance.
13. NAME Warren a Dumban	
13. NAME Warms A Dumbar 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Lagran A Den 6 (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Home, her Parkford apr 10, 19.3/	Menner of injury
19. UNDERTAKER Wanner & Donker (Address) Park Hall med	24. Was disease or injury in eny way related to occupation of deceased? Lo
20. FILEDRASSE 10. 1991 Plane Registrar.	(Signed) Address) Great Wills and M. D.
If more blanks are needed address State Recistrar	2411 N Charles Street Relaimore Requesting 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		The same	Example II	
The principal cause of death and rela of importance were as follows:	ted causes D	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	F = 1/0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JA CT J	uly 5,1927	Perilonilis	3 days ago
1/4	- In	11		
Other contributory causes of importan	nce:		Other contributory causes of importance:	
Gallstones	A)	lay 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

back

structions

WRITE

Filed

6	F	000
1	M. J.	00000
		,
	9	-
	OR	
	Ö	1

PLACE OF DEATH Village or Cit ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 9EX MARRIED, WIDOWED///
OR DIVORCED
(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) (If LESS than 7 AGE I day hrs. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEAT

Registration Dist. N

.....Ward)

(If death occurred in a hospital or institu-

	stead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
6 DATE OF DEATH Opul	(Day) (Year)
I HEREBY CERTIFY, That I	
and that death occurred on the date sta	ted above, at 7 7. m.
antho Insufficiency	Vis. mos. ds.
Contributory Secondary (Duration) Signed) (Address)	
Accidental, Suicidal or Homicidal.	Injury and (2) Whether spitals, Institutions, Trans-
ients or Recent Residents)	spicars, inscitutions, irans-
	the Stateyrsmosds,
Where was disease contracted, i not at place of death?	400
ormer or sual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

20 NINDERT

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. hopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

(Address) ___

Registrar.

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Example 1	1	Example II.	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from **should** be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: whatever, write None haborer, Furna laborer, Laborer—Coal mane, etc. Women at home, who are engaged in the duties of the household only 'not paid Househeepers who receive a additional line is provided for the latter statement; i business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, L Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know a the kind of work and also (b) the Civil Agineer, Stationary fireman, etc. But in many Physician Compositor, the first line will be sufficient, e. g., Farmer or Planler, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day , may be entered as Housewife, House-(6) Automobile factory. The material Architect, Locomotive engineer, (a) Salesman. Grocery, em-

Statement of Cause of Death—Name, first, the DISEALL CAUSENG DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cordinospinal fever the only definite synonym is "Epidemic cerebrostinal meningitis": Linhtherm avoid use of "Croup"); Typhoid foor never report "Typhoid Pneumonia"; Lobur pneumonia, "Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. Examples: Accidental drowning; Struck by railway train-"E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpois carbolle acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease, "Senile," etc.), "Dropsy," t failure," "Haemorrhage," Example: Measles (disease etc. The Nomenclature of the contributory " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dutter is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04842 STATE OF MARYLAND
County St. Marys	CERTIFICATE OF DEATH
	Registration Dist. No. 2-8
Village or City (No. (No.	St.: Ward) (If death occur n hospital or i
2FULL NAME Obilliam a	madday tion, give its NA stead of stree number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH , 192
(Write the word)	(Month) (Day) 20 (Y
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased
(Month) (Day) (Ye	ear) that I last saw h and alive on after 9 14, 1
7 AGE IILESS	
16 yrs. 9 mos. 19 ds. or	
OCCUPATION	The man the or well
(a) Trade, profession or particular kind of work	B sign in fely can
(b) General nature of industry	The second of th
business, or establishment in which employed or (employer)	Carla entres (Duration) Mass. Mosan
9 BIRTHPLACE	Contributory Secondary
(State or country) Mel	(Durstion) 5 yrs
10 NAME OF Q 2	(Signed) State B. Dent
FATHER Legard Maddon	Dakley Oakley
OF FATHER	
Z (State or country) Mod	*State the lisease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
of MOTHER Mary Arrollan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmos
	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
	Former or
(Informant) James Madde	
7 70-1-	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BUR
(Informant) James Marian	Former or usual residence

If more blanks are needed, address Ltate Registrar, 16 W. Sardoga St., Buito., Requesting V. S. 16. 1.

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrubil, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs,. without more precise specification as For persons who have no occupation (4) the kind of work and also (b) the person, irrespective of Locomotive engineer, Grocery; Day

fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"; Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the Dis-Typhoid fever inever report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal EA :: 111 : ING DEATH the primary affection with respect pricurrenia, Bronchopneumonia ("Pneumonia, and causation), using always the same accept-

> stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, decident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify all disease; not be

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all questions

permanently filed.

BUREAU

Pas No. 1

PLACE OF DEATH County H Mauss	STATE OF MARYLAND CERTIFICATE OF DEATH
man elle	Registration Dist. No. 292
Village or City Hallywood (No. 2FULL NAME John Francis	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h / 192 to 192 192 192 192 192 192 192 192 192 192
7 AGE If LESS than	and that death occurred on the data stated above, at her foreign,
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	f ff
(a) Trade, profession or particular kind of work	Juffication
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) yrs. fill mos. ds.
9 BIRTHPLACE (State or country) A news/s law had	Contributory Secondary (Durstion) yrs. mos. ds.
10 NAME OF John H. Magill	(Signed) At Plenull M. D.
OF FATHER (State or country) State or country) OF FATHER (State or country) OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
M 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Langley	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) A Maryl los Med	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deash?
(Informant) Ternard magill	Former or usual residence
(Address) Stallywood My	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Al Don't Came fact (1931)
15 Filed 4/24 192 3/ Co Registrar	20 UNDERTAKER ABBRESS No bouldender Levnordhoon
If more bianks are needed, address State Ragistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DIATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-6 For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup?"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the approved by Committee on stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease "" "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

1	(1487)
PLACE OF DEATH	STATE OF MARYLAND
County of Masila	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Avelles woods.	St: Ward) (If death occurred in
2 FULL NAME Non aubrey Mo	This flet and a hospital or institution, give its NAME II stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
make with WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Med 20 1930	Man 29 1921. to left of 13th , 1921
(Month) (Day) (Year)	that I last saw h alive on
7 AGE [If LESS than	and that death occurred on the date stated above, at
vrs. 9 mos. // ds. or min.	
yrsds. ormin.;	
(a) Trade, profession or	Own Chr Ineumania
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs mos & ds
which employed or (employer)	Contributory
State or country)	Secondary
10 NAME OF	(Duration) yrs mos de
FATHER Jam aubrasher March	(Signed) M. D.
0 11 BIRTHPLACE	Legues 192 (Address) Lonas Sounds
C (State or country) of margines and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Lansa Busin rewhon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) A Mary lev Med	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) War aubrey mostingly	Former or usual residence
(Address) Hallywood high	19 PLAGE OF BURYAL OR REMOVAL DATE OF BURIAL H JUNE Cemelory Will 4 1931
15 Filed 3/4 1931 Causley Registrar	20 UNDERTAKER MOLLES LODGESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
The state of the s	ma

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. person, irrespective of But in many r,""Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04876 STATE OF MARYLAND
County, SMIWYS!	CERTIFICATE OF DEATH
	Registration Dist. No. 480
Village or City (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of street and
2FULL NAME Town Makers	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MOSSILE of, WIDOWED. OR DIVORCED	16 DATE OF DEATH Strong , 199/
Make (Alored (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Lan / 1860	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hamalive on 100 / 190/
7 AGE [If LESS than	and that death occurred on the date stated above, at 300 m.
7/ I tay hrs.	The GAUSE OF DEATH * was as follows:
OCCUPATION ds. or min.?	Fryersliga nepstrone
(a) Trade, profession or	12 sight Distase.
particular kind of work (b) General nature of industry	
business, or establishment in /	Obout 1 yrs mos de
which employed or (employer)	Contributory Asterio Delevosio
(State or country) for thumber and co	Secondary (Durstion) 5 yrs (mos) ds
10 NAME OF	(Signed) Brown G. L. M. D.
FATHER UNKNOWN.	1 66. "01 91 P.
11 BIRTHPLACE OF FATHER	(Address) Liver Course Doth on in death from
Z (State or country) MINNOWN 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jamime unknows	18 Lingth Of RESIDENCE (For liespitals, Institutions, Transferts or Recent Residents)
OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
(State or Country) Miknown.	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Pasotine &- Hiller	usual residence
(Address) Riolae, Md.	19 PLACE OF BURIAL OR REMOVAR BATE OF BURIAL OR STEP OF BURIAL OR ST
15 Filed april 1981 E. E Burch	20 UNDERTAKER POLICES Propagation
	15 W Santa St Falso I among V S Lot
ir more blanks are needed, addre.s tate kegistral	r, 16 W. Saratoga St., Balto., Lequesting V. S. 1.0. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more parent of mine, etc. Wom-laborer, Farm loborer, Loborer—Coal mine, etc. Womshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile foctory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, Grocery,

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); to time and causation), using always the same accept-ed term for the same dise-se. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,"

> CAmerican Medical Association.) letonus) may be stated under the head of "contributory." st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic affection etc. The contributory valvular heart disease; Nomenclature need not be " "Shock,"

If this certificate is looked over thoroughly and all questions permanently filed. answered in detail, it will prevent further correspondence. All the

MARGIN RESERVED FOR BINDING

1PL/	CE OF	DEAT	Н ,	
County	St.)	Mar	40	
			1	
Village or	City M	uchar	ucan	ele (N

04875

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	FULL NAME Mary Catherine	St.: Ward) (If death occurred I a hospital or Institution, give its NAME is stead of street an number.)
PERS	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Timale	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 14 - , 193 / April (Month) 14 (Day) 193/(Year)
6 DATE OF	Don't know., 1 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from the last saw half and the last saw half on 192.
7 AGE	56 ? mos. ds. or min.?	and that death occurred on the date stated above, at 9: 30 Pm
particular (b) General usiness, of which emp	ion profession or kind of work all nature of industry or establishment in ployed or (employer)	Contributory Secondary
OF FA	HPLACE ATHER te or country) DEN NAME THE Samuel Mangan Manga	(Signed) Clause C. M. I. (Signed) Laure C. M.
13 BIRT OF M	OTHER Ungle Slewart HPLACE OTHER te or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos State State yrs described by the State of death state of death where was disease contracted,
(Inform	address) Mechanics Mela	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. pseph Centelary Gpril /6, 193/
^		Les un propriéts

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc.. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. ," etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	04877 STATE OF MARYLAND
County St. Marys	CERTIFICATE OF DEATH
(88	Registration Dist. No. 2 8.6.
Village or City Cakley (No.	St.: Ward) (If death occurred a hospital or institution give its NAME
2FULL NAME George Vin also	Sastes stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Gy 4H, 1981 (Month) (Day) (Year)
6 DATE OF BIRTH 25, 1920 (Month) (Day) (Year) 7 AGE [If LESS than	that I last saw h and alive on July 31
1/2 yrs. 2 mos. 0 9 ds. or min. Soccupation (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of induatry business, or establishment in which employed or (employer) BIRTHPLACE (Ntate or country) Md	Contributory Secondary (Durstion) yrs
10 NAME OF John Parker	(Signed) Waci B. Sanh M. H-5~ 198 (Address) Gately, Mad
OF FATHER (State or country)	*State the listese Causing Death, or, in deaths from Violent Causes, state (!) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clipated Shelling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Cakley Mod	
15 Filedy - 193 / TLV Paccus	20 UNDERTAKER RODRESS Ca. C. Welch Chapter
If more blanks are needed, address State Registr.	ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from busines, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. household only (not paid Househeepers who receive a or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on 10 ALS . Farm laborer, Laborer-Coal mine, etc. Wom-At Home, without more precise specification as Day Compositor, For persons who have no occupation and children, not gainfully em-Architect, Salesman, Locomotive engineer, But in (b) Grocery;

Stritement of Cause of Death—Name, first, the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebro-pidal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinktheria avoid use of "Croup"; Typhoid Jeler never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken: FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," Whooping cough; Examples: Accidental drowning; Struck by railway trainas fracture of skull, Recommendations on statement of cause of Never report mere symptoms or terminal condior intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need not be valvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	04875
PLACE OF DEATH	STATE OF MARYLAND
County of Marys	CERTIFICATE OF DEATH
	(13) Registration Dist. No. 282
Village or City Forwill (No.	St. Ward) (If death occurred in
2 FULL NAME Walter Kolest	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Wichowly OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1921, that I last saw h 1942 alive on 1923
7 AGE If LESS that I day hrs ds. or min.:	. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	Outular Refisilin Chronic
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yre, 3 mos. de.
9 BIRTHPLACE (State or country) IT masy's los And	Contributory Secondary (Durstion) yre page de
10 NAME OF FATHER Thomas Kussell	(Signed) f f Greenwell M.D.
State or country) of mary less med	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tweella Gray	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) I Mary 6 Md	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Staller Mergery Kursell	Former or usual residence
(Address) Jewebille And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL,
15 Filed 4/1/ 193/ Frank a Comales Registrar	20 UNDERTAKER Mallingley Longellow
If more blanks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as rull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATE, to report specifically the occupations of persons enhousehold only Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation (not paid Housekeepers who receive a single word or term on As examples: (a) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

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	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY PH	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH . County W. MANY	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 295
Village or City New Server	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 197/ (Year)
6 DATE OF BIRTH (May) 1931 (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
yr modelad ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Grobably myney to maker by met diffing - (Durwion) yro. mos. do.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 14 MARIA DO 11 P. 1.	Contributory Secondary (Duration) (Signed) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thunger Seuler	usual residence
(Address) & Misselle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 197
Filed M 2 193 A. 19. Myss. Registrar	Juneus souly Lournelle
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Stationary fireman, etc. But in many (a) the kind of work and also (b) the (b) Automobile factory. The material and children, not gainfully em-Laborer-Coal mine, etc. Wom-Architect, Salesman, (b) Locomotive engineer, duties of the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrose in al meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature Ckronic valvular heart disease; Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary) etc. Always qualify all The contributory of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 287 (If death occurred in a hospital or institution, give its NAME instead of street and number) o mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced BINDIN HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at FOR 1 day, ---- min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods (Address) 18. BURIAL, GREMATION, OR REMOVAL Manner of Injury -WRITE CAUSE (TION is Nature of Injury If so, specify Registrar. (Address) .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	xample I		Example II	et di La
The principal cause of de of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	MAY 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

County of Mary	Registration Dist, No. 284
Village or City Mechaecenocel (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCES MOTHER (Write the word) 6 DATE OF BIRTH STATE GROWN 1884	16 DATE OF DEATH Office (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1924 to Office 1925 that I last saw h 1 alive on Month 26 , 1928
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? B DCCUPATION a) Trade, profession or	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1 10 NAME OF	Contributory Secondary Contributory Secondary Duration) Puration Contributory Secondary Secondary Duration M. D.
FATHER James Jacons 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Matieda Mene 13 BIRTHPLACE OF MOTHER (State or Country) St Many Co.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. State yrs mos ds. Where was disease contracted,
(Informant) Cholam Butler (Address) Cheslotto Hall	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Show after Church, Off 4, 193
15 Filed Ofer 3 1923, Lew Packson	E. Carer Joshan Mechanical Appress 1. 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

04881

STATE OF MARYLAND

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Famper tre state occupation at beginning of illness. If retired from Housenmid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. definite salary, may be entered as Housevife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of whatever, write None. gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, especially in industrial employments, it is neces-For many occupations a yrs). (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation single word or term on (b) engineer, Groccry;

Strtement of Cause of Death—Name, first, the pre-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrose inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> tellinus) may be stated under the head of "contributory." stated unless important. inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of (Recommendations on statement of eause of death as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condiresulting from ehildbirth or misearriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease Nomenclature "Convulsions, Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis w MAIT V 8.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lett ausgestrage and the second and			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	Project to Diet No. 1007	
	Registration Dist. No. 287	
No	ion, give its NAME instead of street and number)	
	foreign birth?yrsmos ds.	
	3.00	
St., Ward.		
	If nonresident give city or town and State	
	ERTIFICATE OF DEATH	
1. DATE OF DEATH	1 01	
ages	(Month) (Day) , 193/Year)	
1. HEREBY	CERTIFY That I attended deceased from 1931, to 2/, 193/; death is said	
yand / &	1937 , to 2/, 193/	
to have occurred on the dete stated	d above, et G. Pm.	
The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes of importance	
	Dats of onset	
no lhe	shage (Ehm)	
was woney	2001)	
Other Contributory Causes of impor	rtance:	
unknown		
Name of operation	Dete of	
What test confirmed diagnosis?	Was there an autopsy?	
23. If death was due to external caus	ses (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide?	Date of injury, 19	
Where did injury occur?		
Specify whather injury accurred in	(Specify city or town, county and State) INDUSTRY, In HDME, or in PUBLIC PLACE.	
· ·	INDUSTRI, III IIDIIL, OI III FODEIC FERCE.	
Manner of injury		
Nature of injury		
24. Was disease or injury in any wa	y related to occupation of deceased?	
If so, specify		
(Signed)	M. D.	
(Address)	I mills had	



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Gallstones		May 1,1923	Gastroenteritis	1 year

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